

CLAIMS ONLY

Application Number

.. Filling Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED 8/29/19		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend	Indep.	Depend	Indep.	Depend
1						
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47						
48						
49						
50						
Total Indep.	3					
Total Depend.	47					
Total Claims	50					

May be used for additional claims or amendments

	Indep.	Depend	Indep.	Depend	Indep.	Depend
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Total Indep.						
Total Depend.						
Total Claims						